

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P95000000601

Entity Name: NORTH PORT PIZZA, INC.

**FILED**  
**Aug 28, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

13201-A TAMIAMI TRAIL  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

13201-A TAMIAMI TRAIL  
NORTH PORT, FL 34287

**New Mailing Address:**

FEI Number: 65-0551341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHEAR, ROBERT  
2650 MCCORMICK DRIVE  
SUITE 130  
CLEARWATER, FL 34619 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: DIXON, DONALD  
Address: 13201-A TAMIAMI TRAIL  
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete  
Name: GREEN, KEVIN  
Address: 13201-A TAMIAMI TRAIL  
City-St-Zip: NORTH PORT, FL 34287

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: GREEN, KEVIN  
Address: 13201-A TAMIAMI TRAIL  
City-St-Zip: NORTH PORT, FL 34287

Title: VP ( ) Change (X) Addition  
Name: LLOYD, RANDOLF  
Address: 13201-A TAMIAMI TRAIL  
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN GREEN

PD

08/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date